

PLEASE PRINT OR TYPE

PART I. HELIPORT INFORMATION

HELIPORT NAME	COUNTY
HELIPORT ADDRESS	BUSINESS PHONE NUMBER
GEOGRAPHIC COORDINATES OF HELIPORT	
LATITUDE ° ' " N.	LONGITUDE ° ' " W.

PART II. OWNER INFORMATION

OWNER'S NAME	
OWNER'S ADDRESS	
BUSINESS PHONE NUMBER	FAX NUMBER
AGENT'S NAME (APPLICABLE)	
AGENT'S ADDRESS	
BUSINESS PHONE NUMBER	FAX NUMBER
PROPERTY IS CONTROLLED BY:	
<input type="checkbox"/> FEE <input type="checkbox"/> LEASE Length of Lease <input type="checkbox"/> OTHER, SPECIFY _____	

PART III. PHYSICAL INFORMATION

<u>DESIGN HELICOPTER</u>	<u>FINAL APPROACH AND TAKEOFF AREA (FATO)</u>	<u>PREVAILING WIND DIRECTION</u>
OVERALL LENGTH _____ FEET	LENGTH _____ FEET	
MAIN ROTOR DIAMETER _____ FEET	WIDTH _____ FEET	PROPOSED APPROACH TAKEOFF PATHS (Magnetic Bearing From center of FATO)
HEIGHT _____ FEET	OR CIRCULAR _____ FEET DIAMETER	
UNDERCARRIAGE LENGTH _____ FEET	<u>TOUCHDOWN AND LIFTOFF AREA (TLOF)</u>	ELEVATION OF FATO
UNDERCARRIAGE WIDTH _____ FEET	LENGTH _____ FEET	_____ FEET MSL
MAXIMUM TAKEOFF WEIGHT __ POUNDS	WIDTH _____ FEET	ELEVATION ABOVE GROUND LEVEL
	OR CIRCULAR _____ FEET DIAMETER	_____ FEET
		WEIGH BEARING CAPACITY (If Applicable)
PROPOSED USES (CHECK ALL THAT APPLY)		ANTICIPATED CONSTRUCTION DATES
<input type="checkbox"/> PUBLIC <input type="checkbox"/> DAY <input type="checkbox"/> POLICE <input type="checkbox"/> COMMUTER <input type="checkbox"/> HOSPITAL		
<input type="checkbox"/> SPECIAL <input type="checkbox"/> NIGHT <input type="checkbox"/> FIRE <input type="checkbox"/> CORPORATE <input type="checkbox"/> OTHER		START _____ COMPLETED _____

PART IV. CERTIFICATION

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT I AM AUTHORIZED TO SUBMIT THIS APPLCIATION.	
OWNER'S OR AGENT'S SIGNATURE	TITLE
PRINT NAME	DATE
SEND COMPLETED APPLICATION AND ALL NECESSARY DOCUMENTS (SEE BACK OF THIS FORM) TO:	

CALIFORNIA DEPARTMENT OF TRANSPORTATION
DIVISION OF AERONAUTICS - MS #40
P.O. BOX 942873
SACRAMENTO, CA 94273-0001

HELIPORT SITE APPROVAL PERMIT - APPLICATION

DOA-0201 (Rev. 10/96) Back

PLEASE SUBMIT THE FOLLOWING, AS DESCRIBED IN THE CALIFORNIA CODE OF REGULATIONS, SECTION 3534 OF TITLE 21, AIRPORTS AND HELIPORTS WITH THIS APPLICATION:

- Two copies of scaled drawings of the heliport and adjoining areas. See Title 21, Section 3534(b)(1) for required details.
- Topographic map that shows the location of the approach surfaces relative to the heliport.
- Local area map or drawing depicting the heliport and the location of schools, places of public gathering and residential areas within 1,000 feet of the center of a proposed FATO
- Documentation of approval of the plan for construction by either the Board of Supervisors of the county or the City Council of the city (as appropriate) in which the heliport is to be located.
- Documentation of action by the Airport Land Use Commission of the county in which the heliport is to be located (as appropriate).
- Documentation of compliance with the California Environmental Quality Act
- Documentation showing ownership of the heliport. The owner, for purpose of this permit, is the person with the authority to possess the facility, which may be in fee simple or a leasehold for a period of at least one year.
- FAA Airspace Determination regarding the heliport. Enclosed is FAA Form 7480-1 (Notice of Landing Area Proposal) which must be completed and mailed to the FAA at the address indicated on the form.

TO BE USED BY
CALTRANS AERONAUTICS
